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Approved for PTO SB-35 (11-99)  
 U.S. Patent and Trademark Office DEPARTMENT OF COMMERCE  
 OMB 0651-0032

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 740819-537  
 First Inventor Takeshi YAMASHITA et al  
 Title DRY ETCHING METHOD, FABRICATION METHOD FOR SEMICONDUCTOR DEVICE, AND DRY ETCHING APPARATUS

Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ Fee Transmittal Form (e.g., PTO SB 17)  
*(Submit in original and a duplicate for fee processing)*
- ☐ Applicant claims small entity status.  
 See 37 CFR 1.27.
- ☒ Specification [Total Pages 76]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 16]
- Oath or Declaration [Total Sheets 3]
  - ☒ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 17 completed)*
    - ☐ DELETION OF INVENTOR(S)  
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
- ☒ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents,  
 Box Patent Application  
 Washington, DC 20231

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
  - ☐ Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - ☐ CD-ROM or CD-R (2 copies); or
    - ☐ paper
  - ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☒ Assignment Papers (cover sheet & document(s))
- ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
*(when there is an assignee)*
- ☐ English Translation Document *(if applicable)*
- ☐ Information Disclosure Statement (IDS) PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
- ☒ Certified Copy of Japanese Priority Document No. 2000-117502 Filed: April 19, 2000  
 Priority Claimed Yes [X] No [ ]  
*(if foreign priority is claimed)*
- ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO SB 35 or its equivalent.
- ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application Serial No.: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group: Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		22204 <i>(Insert Customer No. or Attach bar code label here)</i>		or <input type="checkbox"/> Correspondence address below	
Name	Eric J. Robinson				
Address	NIXON PEABODY LLP				
	8180 Greensboro Drive, Suite 800				
City	McLean	State	VA	Zip Code	22102
Country	United States	Telephone	(703) 790-9110	Fax	(703) 883-0370
Name (Print Type)	Eric J. Robinson		Registration No. (Attorney Agent)		38,285
Signature			Date	April 5, 2001	

Burden Hour Statement: this form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">FOR FY 2001</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td>April 5, 2001</td></tr> <tr><td>First Named Inventor</td><td>Takeshi YAMASHITA et al</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group Art Unit</td><td></td></tr> <tr><td>Attorney Docket No</td><td>740819-537</td></tr> </table>		Application Number		Filing Date	April 5, 2001	First Named Inventor	Takeshi YAMASHITA et al	Examiner Name		Group Art Unit		Attorney Docket No	740819-537
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TOTAL AMOUNT OF PAYMENT	\$900.00														

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																														
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Deposit Account Number</td> <td>19-2380</td> </tr> <tr> <td>Deposit Account Name</td> <td>NIXON PEABODY LLP</td> </tr> </table> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check   <input type="checkbox"/> Credit Card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other</p>	Deposit Account Number	19-2380	Deposit Account Name	NIXON PEABODY LLP	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print Type)	Eric J. Robinson	Registration No (Attorney Agent)	38,285
Signature		Telephone	(703) 790-9110
		Date	April 5, 2001